

STUDENT INTERN PROGRAM
EASTERN DISTRICT OF WISCONSIN
CONFIDENTIALITY

I, _____ understand that information contained in the files of the U. S. Probation Office for the Eastern District of Wisconsin is confidential and shall not be released by me to any agency or individual without the express permission of the supervising probation officer. I understand that any unauthorized release of information during the course of my placement will result in the immediate termination of the placement and could subject me to such civil and criminal penalties as may be prescribed by law.

Signature

Date

Witness